

UPDATED FIELD EXAM

Permit No: 17-7147

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STATE OF IDAHO DEPARTMENT OF WATER RESOURCES BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 17-7147

Exam Date: 6/19/2001

1. Current Owner: ANN WIGHT
PO BOX 616
MALTA ID 83342-0616
(208)645-2405

Or

GALE B WIGHT
PO BOX 616
MALTA ID 83342-0616
(208)645-2405

2. Accompanied by:

Phone No:

Address:

Relationship to Permit Holder:

3. SOURCE

TRIBUTARY

GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: *NONE*
2. Other water rights with the same point of diversion: *17-7033*

C. DIVERSION AND DELIVERY SYSTEM

1. LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER L2 NW1/4NE1/4 Sec. 4, Twp 15S, Rge 30E, B.M.
ONEIDA County

Method of Determination: *FE*

2.

PLACE OF USE: IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
14S	30E	34							13.0	16.0	40.0	38.0	12.0	13.0		1.0			133.0
15S	30E	3	31.0	34.0	34.0	31.0	.5			.5									131.0
			L 1	L 2			L 3												

Total Acres: 264

SEE ORIGINAL FIELD EXAM.

THIS WAS UPDATED DUE TO ARC VIEW

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 3.5 \times 264 = 924$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 =$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 924$$

2. Volume Calculations for Other Uses:

CMB USE WITH 17-7033

$$3.07 \text{ cfs} \times 1.9835 \times 214 \text{ DAY} = 1303 \text{ AF/A}$$

G. NARRATIVE/REMARKS/COMMENTS

updated field exam report with arc view.
well/pump to pivots 350HP GE motor 50 HP booster
combined pod use with 17-7033 max CFS is 3.07

Have conditions of permit approval been met? ☒ Yes ☐ No

H. RECOMMENDATIONS

1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	04/01 to 10/31	2.950 CFS	924.00 AF
<u>Totals:</u>		2.950 CFS	924.00 AF

2. Recommended Amendments

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☐ None

☒ Change P.U. as reflected above ☒ Add P.U. as reflected above ☐ Other

I. AUTHENTICATION

Field Examiner's Name DAVE CARLSON Date 6/7/2007

Reviewer _____ Date _____